

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1350 (For use with Form PTO/SB/06)							Application Number 10/869807	Filing Date
Applicant(s)							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
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Total Indep			8		8			
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Total Claims			32		32			

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